

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>241318US2</b>
		First Inventor or Application Identifier <b>Kazunori BANNAI</b>
		Title <b>COLOR SHIFT CORRECTING METHOD, OPTICAL WRITING DEVICE AND IMAGE FORMING APPARATUS</b>
		Assignee Name: Assignee Address:

PTO

10/644007



<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Specification      Total Sheets <b>97</b>		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113)    Total Sheets <b>29</b>		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration      Total Pages <b>     </b> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul>		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> )		10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification or Sequence Listing on :           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (4)
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:		12. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
Prior application information:      Examiner:		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i>
		15. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i>
		16. <input checked="" type="checkbox"/> Other:      Request for Priority

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

This application is a     Continuation       Division       Continuation-in-part (CIP)  
of application Serial No.      Filed on

This application claims priority of provisional application Serial No.      Filed

**19. CORRESPONDENCE ADDRESS****22850**

(703) 413-3000

FACSIMILE: (703) 413-2220

Name: <b>Gregory J. Maier</b>	Registration No.: <b>25,599</b>
Signature:	Date: <b>8/20/07</b>
Name: <b>David A. Bilodeau</b>	Registration No.: <b>42,325</b>

Docket No. 241318US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kazunori BANNAI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: COLOR SHIFT CORRECTING METHOD, OPTICAL WRITING DEVICE AND IMAGE FORMING APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	36 - 20 =	16	x \$18 =	\$288.00
INDEPENDENT CLAIMS	5 - 3 =	2	x \$84 =	\$168.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$1,336.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE		+ \$130 =		\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT		+ \$40 =		\$0.00
			TOTAL	\$1,336.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.

A check in the amount of **\$1,336.00** to cover the filing fee is enclosed.

Credit card payment form is attached to cover the filing fee in the amount of

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBOLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.



Gregory J. Maier  
Registration No. 25,599

Date: 8/20/03



22850

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)

I:\ATTY\STD\24's\241318US2\241318US.FEE TRANSMITTAL.DOC

David A. Bilodeau  
Registration No. 42,325